

ET HANDBOOK NO. 336

16th Edition

**UNEMPLOYMENT INSURANCE
STATE QUALITY SERVICE PLAN**

APPENDIX I

PLANNING FORMS AND FORMATS

STATE PLAN NARRATIVE FORMAT

STATE PLAN NARRATIVE

(State Name - FY xxxx)

Provide a short, concise summary of the SESA's key direction and strategies for the plan year. This summary should identify the cohesive elements which underlie the State's annual plan and give context to the focus summaries prepared.

(Note: Length likely to be from 1 to 3 pages)

FOCUS SUMMARY # 1 (Number sequentially)

Fiscal Year	<i>Identify applicable fiscal year, e.g., 2000</i>	State	<i>Identify State</i>
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1. Objective #x: (Number sequentially)

Provide a short, concise statement of the objective selected for focus, and the strategies planned to achieve it. Objectives may be single or multi-year in nature.

2. Outcome Expected/Target Population:

Provide a statement of the outcome expected and the target population impacted.

3. Cost/Benefit Assessment:

Provide an assessment of cost/benefit.

4. Milestones/Intermediate Accomplishments:

Identify milestones/intermediate accomplishments that the SESA will use to monitor progress toward goal. It is anticipated that one or more milestones will be identified for each quarter of the plan year.

5. Assistance:

Summary request for any Federal partner assistance (primarily non-financial) that would help the SESA attain its goal.

SAMPLE STATE PLAN NARRATIVE

The following sample of a State Plan Narrative for the fictional state of Columbia consists of an overview and five focus summaries. It is offered as an example of what a state might submit as its plan narrative for a plan year. Note that all action need not necessarily be completed during a given planning cycle.

STATE PLAN NARRATIVE

Columbia - FY 2000

Columbia plans several efforts designed to increase equity and access to the UI Program. These include working to obtain a decrease in the earnings requirement for low wage and part time workers, and adopting a telephone Initial Claim processing system.

In the area of Initial claim payment promptness, Columbia is committed to performance above the mandatory standards because prompt payment is so critical to unemployed workers faced with the loss of income. We believe we can achieve a 92% first payment level for our clients, and have committed to that goal in our plan to the Governor. Although we have completed a Continuous Improvement Plan for this issue, due to its importance and level of priority in our overall plans, we note it here in our State Plan Summary and as a Focus Area as well.

Because nothing is more vital to the Unemployment Insurance program than the ability to pay benefits and process claims, our continued commitment to Y2K modifications must be included in the plan for this year as well. We are confident that we will be ready to process our workload when we begin to use that data element.

We continue to work to insure linkages with other service providers as we move toward a one stop system of service for our clients. No significant revision to services impacting claimants in Columbia is envisioned for this fiscal year. As such, no specific focus narrative addresses this issue. Nevertheless, we are committed to working with stakeholders and other agencies, since we recognize that Unemployment Insurance is a necessary component of any such effort.

Columbia has an unemployment fund solvency measure in excess of 1X the high cost multiple, and has determined that no further action in that area is needed at this time.

We have implemented a process to measure Customer Satisfaction through random surveys to help focus the agency on future program needs.

Finally, we have decided to focus on the Federal Strategic Goal of increasing the percentage of quarterly UI Tax and Wage Reports filed on a timely basis by employers by assisting Columbia's employers to attain voluntary compliance. This multi-year process will not be achieved in this fiscal year, but we are committed to starting this process with stakeholders' involvement.

FOCUS SUMMARY #1

Fiscal Year 2000	State Columbia
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1. Objective #1: *Columbia plans to obtain legislation necessary to lower the earnings requirement needed to qualify for UI Benefits so that access to UI Benefits is increased in the State of Columbia.*

2. Outcome Expected/Target Population: *Access to benefits for 1,000 low wage earners who do not currently qualify.*

3. Cost/Benefit Assessment: *It is anticipated that 10% of invalid claims will be able to be validated with this change. That will impact 1,000 claimants, with an average pay out per claim estimated as \$2,300. Total Trust Fund impact of \$2.3 Million is projected.*

4. Milestones/Intermediate Accomplishments:

- 1) Run Fiscal projections by 11/30/99*
- 2) Prepare Legislative Package (Draft Language & explanatory material) by 12/30/99*
- 3) Obtain Advisory Council Approval by 3/30/2000*
- 4) Obtain Sponsor by 6/30/2000*
- 5) Legislation introduced by 9/30/2000*
- 6) Enact Legislation by 4/30/2001*

5. Assistance: *Research Data for level of access in other States, both current and projected, as requested.*

FOCUS SUMMARY #2

Fiscal Year 2000	State Columbia
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1. Objective # 2: *Adapt the Claim Processing System for Telephone Initial Claims so that resulting improved efficiency will permit increased service hours without an increase in cost.*

2. Outcome Expected/Target Population: *Revise the procedure and method of initial claim taking for all claimants in the State of Columbia so that this process is done by telephone in three Regional processing centers.*

3. Cost/Benefit Assessment: *Start up cost for installation of a toll free telephone system is estimated at \$1.5 million; however, it is expected that ongoing administrative cost for this process will be decreased by 14% annually when fully operational. This administrative cost savings will permit expanded service hours to be offered to claimants to include evenings and weekends. Remote claims filing and expanded service hours have been the most frequently requested changes on the last two customer satisfaction surveys.*

4. Milestones/Intermediate Accomplishments:

- 1) Define system requirements by 12/30/99*
- 2) Obtain bids for telephone system installation by 2/15/2000*
- 3) Secure leases for three processing centers by 3/30/2000*
- 4) Complete system test by 6/30/2000*
- 5) Complete Staff training by 7/30/2000*
- 6) Implement Statewide by 9/1/2000*

5. Assistance: *It would be helpful if a National Lessons Learned/Best Practices meeting of all states could be convened so that those who have converted to telephone processing could provide information to states who are in the development stage.*

FOCUS SUMMARY #3

Fiscal Year 2000	State Columbia
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1. Objective # 3: *Achieve an initial claim promptness performance level of 92%, because we recognize the need to make benefits available even more rapidly than required under the Secretary's Standards in this area.*

2. Outcome Expected/Target Population: *All initial claim first payments will be expedited for unemployed workers who file initial claims and are eligible for benefits.*

3. Cost/Benefit Assessment: *It is expected that current staff can achieve this continuous improvement effort for workers of our State because of advancements in technology currently in place.*

4. Milestones/ Intermediate Accomplishments:

- 1) Revise procedures to place emphasis on initial payment by 1/01/2000*
- 2) Increase performance to 90% for Second Calendar Quarter 2000*
- 3) Increase performance to 91% for Third Calendar Quarter 2000*
- 4) Increase performance to 92% for Fourth Calendar Quarter 2000*

5. Assistance: *None required.*

FOCUS SUMMARY #4

Fiscal Year 2000	State Columbia
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1. Objective # 4: *Manage the Y2K project so that all operational automated programs will allow processing and payment when using the Year 2000 data element .*

2. Outcome Expected/Target Population: *As the FY 2000 plan is being prepared Columbia is at step 3 of our action plan: Complete Initial Claim changes by 5/30/99. We will complete review and revision of all programs that access the Year 2000 data element prior to January 3, 2000, at which point the computation will be needed to calculate Benefit Year Ending Date. All other required changes will be completed, tested, and implemented by 9/30/99. All claimants in the State of Columbia who file claims during Calendar Year 2000 and after will be affected.*

3. Cost/Benefit Assessment: *It is expected that this project will cost \$2.5 million to complete in Columbia. The cost of not taking this action is the possibility of total system collapse, and the inability to pay benefits when due as required by Secretary's Standards.*

4. Milestones/Intermediate Accomplishments:

- 1) Prioritize system requirements by 10/30/98*
- 2) Complete and test Benefit Year Ending process by 1/03/99*
- 3) Complete Initial Claim changes by 5/30/99*
- 4) Complete Continued Claim changes by 9/30/99*
- 5) Complete testing by 10/30/99*
- 6) Complete implementation by 11/30/99*

5. Assistance: Funding assistance in accordance with previously submitted SBR for Y2K conversion is expected to be sufficient in Columbia.

FOCUS SUMMARY #5

Fiscal Year 2000	State Columbia
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1. Objective # 5: *Increase the percentage of quarterly UI Tax and Wage Reports filed on a timely basis by employers through voluntary compliance from the current 89% to 92% in 2003.*

2. Outcome Expected/Target Population: *Focusing on employers who are both customers and investors in the US Labor system will increase satisfaction. In addition, program performance can be enhanced by the elimination of missing data.*

3. Cost/Benefit Assessment: *This investment in the employer community component of the UI system can be done with minimal cost by refocusing leadership efforts currently in existence. The expedited claim processing that will occur is a definite benefit for claimants, as well as employers who are required to do double work when wage information is missing and must be obtained on an exception basis.*

4. Milestones/ Intermediate Accomplishments:

- 1) Review and revise all employer tax and wage reports and establish employer representatives by 12/30/99*
- 2) Establish an employer hotline for problem resolution by 3/30/2000.*
- 3) Develop promotional material and begin stakeholder meetings to focus the employer community on this issue by 6/30/2000*
- 4) Make technical assistance available to employers by 9/30/2000*
- 5) Increase performance to 90% by 12/31/2001*
- 6) Increase performance to 91% by 12/31/2002*
- 7) Increase performance to 92% by 12/31/2003*

5. Assistance: *Regional and National office assistance with Technical innovations that could be of help to employers in Columbia would be welcome.*

CORRECTIVE ACTION PLAN FORMAT

CORRECTIVE ACTION PLAN

State:		Federal Fiscal Year:			
MEASURE: <i>(For Tier I and Tier II measures use descriptor contained in Section V of Chapter I of the SQSP Handbook)</i>	Performance Level: <div style="display: flex; justify-content: space-around; font-weight: bold;"> <u>Current</u> <u>12/31</u> <u>3/31</u> <u>6/30</u> <u>9/30</u> </div> <i>(For Tier I and Tier II measures identify the performance level as a percentage)</i>				
NARRATIVE: <i>Provide an explanation of the reason(s) for the deficiency; a description of the actions/activities which will be undertaken to improve performance and, if a plan was in place the previous fiscal year, an explanation of why the actions contained in that plan were not successful in improving performance, and an explanation of why the actions now specified will be more successful.</i> <i>If the desired improvement will not be accomplished by the end of the current fiscal year, also indicate the major actions remaining to be taken in subsequent fiscal years, and a projection as to when the performance goal will be achieved or the program review deficiency or failed Federal BAM or TPS requirement will be corrected.</i>					
MILESTONES: (Number sequentially)		Completion Date			
		12/31	03/31	06/30	09/30
<i>Milestones should be established for each core element of the SESA's corrective action plan and be of sufficient number and frequency to facilitate State and Regional plan oversight and assessment during the fiscal year. It is anticipated that one or more milestones for each quarter would permit such progress tracking and assessment during the fiscal year through State and Regional follow-up schedules.</i> <i>SESAs also may wish to identify performance milestones that reflect the performance level they anticipate will result from completion of planned activities.</i> {} If continued, check box					

CONTINUOUS IMPROVEMENT PLAN FORMAT

CONTINUOUS IMPROVEMENT PLAN

State:		Federal Fiscal Year:			
MEASURE: <i>(For Tier I and Tier II measures use descriptor contained in Section V of Chapter I of the SQSP Handbook)</i>	Performance Level: <div style="display: flex; justify-content: space-around; font-weight: bold;"> <u>Current</u> <u>12/31</u> <u>3/31</u> <u>6/30</u> <u>9/30</u> </div> <i>(For Tier I and Tier II measures identify the performance level as a percentage)</i>				
NARRATIVE: <i>Provide a description of the actions/activities which will be undertaken to improve performance and, if a plan was in place the previous fiscal year which was unsuccessful in improving performance, an explanation of why the actions contained in that plan were not successful, and why the actions now specified will be more successful.</i> <i>If the desired improvement will not be accomplished by the end of the current fiscal year, also indicate the major actions remaining to be taken in subsequent fiscal years, and a projection as to when the performance goal will be achieved.</i>					
MILESTONES: (Number sequentially)		Completion Date			
		12/31	03/31	06/30	09/30
<i>Milestones should be established for each core element of the SESA's continuous improvement plan and be of sufficient number and frequency to facilitate State and Regional plan oversight and assessment during the fiscal year. It is anticipated that one or more milestones for each quarter would permit such progress tracking and assessment during the fiscal year through State and Regional follow-up schedules.</i> <i>SESAs also may wish to identify performance milestones that reflect the performance level they anticipate will result from completion of planned activities.</i> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>					

☐ If continued, check box

WORKSHEET UI-1	UI STAFF HOURS AND TRAVEL STAFF YEARS				
State	Fiscal Year		Date		
1. Travel Staff Years	2. Type of Leave Hours		No. of Hours		
a. Benefits (Itinerant Claims)	a. Holiday				
	b. Annual				
	c. Sick				
	d. Other (Specify)				
b. Appeals	e. Total (a thru d)				
c. Tax	3. Hours Worked				
	4. Hours Paid				
5. Annual Hours Per Staff Year and Quarterly Distribution					
Hours Per Staff Year	Annual	First	Second	Third	Fourth
a. Hours Worked					
b. Hours Paid					
Comments					

ETA 8623A (June 1994)

INSTRUCTIONS FOR THE UI-1

Public Reporting Burden for the collection of this information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Unemployment Insurance Service/ETA, U.S. Department of Labor, Room S-4231, 200 Constitution Avenue, N. W., Washington, D.C. 20210, and Paperwork Reduction Project (1205-0132).

Please type or print legibly. The following general instructions explain how to use the form itself.

Item	Entry
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- | | |
|-----|--|
| 1a. | Enter the estimated staff years paid needed for benefits travel for itinerant claims taking. |
| 1b. | Enter the estimated staff years paid needed for appeals travel. |
| 1c. | Enter the estimated staff years paid needed for tax travel. |
| 2. | Enter the estimated number of staff leave hours by type (holiday, annual, sick, and other) and total leave hours per position. |
| 3. | Enter the estimated number of staff hours worked per position. |
| 4. | Enter the number of staff hours paid per position (the sum of items 2.e and 3). |
| 5a. | Enter the annual staff year hours worked and distribution by quarter. The annual hours for this item must equal the annual hours for item 3. |
| 5b. | Enter the annual staff year hours paid and distribution by quarter. The annual hours for this item must equal the annual hours for item 4. |

ETA 8623A (June 1994) Back

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application: <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication: <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name		Organizational Unit	
Address (give city, county, state, and zip code)		Name and telephone number of the person to be contacted on matters involving this application (give area code)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> - - - - - - - - - - </div>		7. TYPE OF APPLICANT (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A. State B. County C. Municipal D. Township E. Interstate F. International G. Special District </div> <div style="width: 45%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Trade Organization N. Other (Specify) _____ </div> </div>	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in boxes: <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (Specify) _____		9. NAME OF FEDERAL AGENCY	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> - - - - - </div>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	
12. AREAS AFFECTED BY PROJECT (city, county, state, etc.)			
13. PROPOSED PROJECT Start Date Ending Date		14. CONGRESSIONAL DISTRICTS OF: A. Applicant B. Project	
15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12117 PROCESS?	
a. Federal	\$.00	a. YES: THE PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12117 PROCESS FOR REVIEW ON DATE _____ b. NO: <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12117 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
b. Applicant	\$.00	
c. State	\$.00	
d. Local	\$.00	
e. Other	\$.00	
f. Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation <input type="checkbox"/> No
g. TOTAL	\$.00	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE SIGNATURE HAS BEEN ONLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED			
a. Typed Name of Authorized Representative		b. Title	c. Telephone number
d. Signature of Authorized Representative		e. Date Signed	

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Replaces Form 101 (REV. 3-80)
Revised for OMB Form 101-A-102

INSTRUCTIONS FOR THE SF 424

This is a standard form used by applicants as a required factsheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to Executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item:	Entry:	Item:	Entry:
1. Self-explanatory.		13. Self-explanatory.	
2. Date application submitted to Federal agency (or State if applicable) & applicant's control number (if applicable).		14. List the applicant's Congressional District and any District(s) affected by the program or project.	
3. State use only (if applicable).		15. Amount requested or to be contributed during the first funding/budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate <u>only</u> the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.	
4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.		16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process.	
5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.		17. This question applies to the applicant organization, not to the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.	
6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.		18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)	
7. Enter the appropriate letter in the space provided.			
8. Check appropriate box and enter appropriate letter(s) in the space(s) provided:			
--"New" means a new assistance award.			
--"Continuation" means an extension for an additional funding/budget period for a project with a projected completion date.			
- "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.			
9. Name of Federal agency from which assistance is being requested with this application.			
10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.			
11. Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.			
12. List only the largest political entities affected (e.g; State, counties, cities).			

SF 424 (REV 4.88) Back.

BUDGET INFORMATION — Non-Construction Programs

GAO Approval No. 88-0844

SECTION A — BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated (Unobligated) Funds		Revised or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$	\$	\$
2.						
3.						
4.						
5. TOTALS		\$	\$	\$	\$	\$

SECTION B — BUDGET CATEGORIES

4. Object Class Categories	Insert Program, Function or Activity				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$	\$	\$	\$	\$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 4a - 4h)					
j. Indirect Charges					
k. TOTALS (sum of i and j)	\$	\$	\$	\$	\$
7. Program Income	\$	\$	\$	\$	\$

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Revised Form 1345 (10-88)
Prescribed by GAO Circular A-133

SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Source	(e) TOTAL
8.	\$	\$	\$	\$
9.				
10.				
11.				
12. TOTAL (sum of lines 8 and 11)	\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS				
13. Federal	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter
	\$	\$	\$	\$
14. Non-Federal				
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIOD (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION (Attach additional sheets if necessary)	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

INSTRUCTIONS FOR THE SF-424A

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A,B,C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the latter case, Sections A,B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary

Lines 1-4, Columns (a) and (b)

For applications pertaining to a single Federal grant program (Federal Domestic Assistance Catalog number) and not requiring a functional or activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a single program requiring budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the catalog program title on each line in Column (a) and the respective catalog number on each line in Column (b).

For applications pertaining to multiple programs where one or more programs require a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g.)

For new applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

Lines 1-4 Columns (c) through (g.) (continued)

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5--Show the totals for all columns used.

Section B Budget Categories

In the column headings (1) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Lines 6a-i--Show the totals of Lines 6a to 6h in each column.

Line 6j - Show the amount of indirect cost.

Line 6k - Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

INSTRUCTIONS FOR THE SF424A (continued)

Line 7 - Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal-Resource

Lines 8-11 - Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a) - Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b) - Enter the contribution to be made by the applicant.

Column (c) - Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d) - Enter the amount of cash and in kind contributions to be made from all other sources.

Column (e) - Enter totals of Columns (b), (c), and (d).

Line 12 - Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f), Section A.

Section D. Forecasted Cash Needs

Line 13 - Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14 - Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15 - Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16 - 19 Enter in Column (a) the same grant program titles shown in Column (a), Section A. A

breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20 - Enter the total for each of the Columns (b)(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21 - Use this space to explain amounts for individual direct object-class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22 - Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23- Provide any other explanations or comments deemed necessary.

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ASSURANCES--NON-CONSTRUCTION PROGRAMS

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning management and completion of the project described in this application.

2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.

3 Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C. F. R. 900, Subpart F).

6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to (a) Title VI of the Civil Rights Act of 1964 (P. L. 88-352) which prohibits discrimination on the basis of race, color, or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U. S. C. 1681-1683 and 1685- 1686) which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C 794) which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to

nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P. L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) 523 and 527 of the Public Health Service Act of 1912 (42 U. S. C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental, or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or Federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C 276a to 276a7), the Copeland Act (40 U.S.C 276c and 18 U.S.C 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C 327-333), regarding labor standards for Federally-assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. 1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. 7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

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SQSP SIGNATURE PAGE

OMB Approval No. 1205-0132 Expires 09/30/99

U.S. DEPARTMENT OF LABOR Employment and Training Administration	FEDERAL FISCAL YEAR	STATE
UNEMPLOYMENT INSURANCE STATE QUALITY SERVICE PLAN SIGNATURE PAGE		
<p>This Unemployment Insurance State Quality Service Plan (SQSP) is entered into between the Department of Labor, Employment and Training Administration, and</p> <p>_____.</p> <p style="text-align: center;">(SESA'S NAME)</p> <p>The Unemployment Insurance SQSP is part of the State's overall operating plan and, during this Federal fiscal year, the State agency will adhere to and carry out the standards set forth in Federal UI Law as interpreted by the DOL, and adhere to the Federal requirements related to the use of granted funds.</p> <p>All work performed under this agreement will be in accordance with the assurances and descriptions of activities as identified in the SQSP guidelines and will be subject to its terms.</p>		
TYPED NAME AND TITLE	SIGNATURE	DATE
SESA ADMINISTRATOR		
DOL APPROVING OFFICIAL		

